Application Fee:	(FOR OFFICE USE ONLY)	Date Received:
Case No:	Branch ID:	Preliminary Hearing:

APPLICATION FOR 180° JUVENILE DIVERSION

DIRECTIONS: Please print. All answer must be complete. After completing the application below, please mail or fax it to 180° Juvenile Diversion with a **\$25.00 non-refundable application fee** in the form of a personal check or money order. Checks may be made payable to 180° Juvenile Diversion.

180° JUVENILE DIVERSION 515 W. Moreland Blvd AC G46 Waukesha, WI 53188 Phone: (262) 548-7780 Fax: (262) 896-8124

NOTE: This application must be completed and returned 180° Juvenile Diversion within 10 days of the initial postmark date. If the application is not received within the designated time period, the prospective applicant will not be eligible for diversion and the case will be processed by the District Attorney or referral source according to standard protocol.

Phone # ____ 1. Name: (First) (Last) Maiden name or other names used 2. Address: Address State Zip Whom do you live with? Name Relationship How long have you lived at this address? Email: 3. Age: 4. Date of Birth: 5. Race: 6. Sex: Male Female 7. Are you a United States citizen or legal alien? Yes No (Proof of citizenship or legal alien residency may be required. Non-citizens must have entered the United States lawfully and in accordance with the requirements of the U.S. Citizenship and Immigration Services (USCIS) and provide verification of residency status, e.g. valid work permit, visa or green card if approved for 180° Juvenile

Diversion.)

8. City and State where born:		
9. In what other cities and states have you	ı lived?	
City	State Dates lived there	
10. Driver's License Number:	State of Issuance:	
11. Marital Status:	Spouse's Name:	
12. Number of Minor Dependents	Are you the primary caregiver? Yes No	
Names	Ages	
13. Educational and Vocational Training:		
Highest educational level completed		
Are you currently enrolled in school? Name of School Currently Attending:	Yes No	
14. Have you performed Military service?	Pranch	
15. Emergency Contact: Name Address		
Relationship to Applicant		
16. Defense Attorney: Name Address		
17. Present Employment: I am or I a Employer Address	Telephone No.	
Dates Employed		
Occupation	Salary	
18. Employment History: (List employment space, use blank sheet of paper.) Employer Address	for the past two years. Begin with last employer. If you need more Telephone No.	
Datas Employed	То	
Occupation	Reason Left	

19. Family Household Income:

(The total net income anticipated to be received by all members of the family, before any deduction of wages and salaries. Totals include, but are not limited to, net income from a business or profession, income from real or personal property and compensation for overtime, commission, fees, tips& bonuses.)

A family household consists of:

- 1. A single person with no dependents.
- 2. Two or more persons sharing residency who share an immediate relationship created by blood, marriage or operation of law (i.e. spouse, child, brother, sister, parents, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandchildren and "step" relations.
- 3. Two or more persons sharing residency whose income and resources are jointly available to meet the family's need.

mily Household Size (Number of People): Head of Household:			
I (applicant) earn \$ \bigcup weekly [every 2 weeks	twice monthly monthly	
The other members of my family household h Wages Social Security Pension Loans/Grants Other	Public Assistance Unemployment	come of \$ from: Food Stamps Disability	
20. Prior Traffic Offense Record: (List all Juvenile and Adult traffic incidents, DUI or D' and Expungements in Wisconsin or other states, includ Include date of arrest, citation, or incident, arresting or Offense/Incident 1)	ing those not resulting in fo ticketing agency, charge an Date	ormal charges or convictions.	
2)			
3)			
21. Prior Criminal Offense Record: (List all Juvenile and Adult incidents, Arrests, Citation Deferred Prosecution Agreements in Wisconsin or othe convictions. Include date of incident involved, agency, Offense/Incident 1)	er states, including those not		
2)			
3)			
22. Personal References: Name Address Relationship to Applicant			
NameAddress	Telephone No		
Relationship to Applicant			
23. Have you ever attended Alcohol or Drug treatment or counseling, or received an assessment for possible drug or alcohol problems? Yes No			
If yes, state when, where, and the reason for a When	ttendance or assessmen Where	nt:	

Reason for attendance/assessment				
24. Are you currently on any medications? Yes No (If yes, list doctor's name, address, phone number, name of medication, and reason for taking it.) Name Telephone No. Address Name of medication Reason for medication				
25. State the circumstances surrounding the offense with which you are charged:				
26. Do you feel that you have been charged fairly in this case? Yes No If no, please explain:				
I hereby apply for status as a participant in the Diversion Program and request that, if applicable, the District Attorney temporarily delay trial against me in order to permit consideration of this application. I understand it is my responsibility to submit a diversion application in a prompt and timely fashion and within the guidelines set by the 180° Juvenile Diversion to provide the necessary time for my diversion application to receive a full and complete review. I understand that the final decision to continue criminal proceedings or to defer prosecution in my case rests entirely with the District Attorney and or referral agency.				
I authorize the Case Manager to conduct an investigation to determine my suitability for this program.				
A false answer or omission of any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the District Attorney and or referral source will resume prosecution on the original charges.				
I understand and agree that in the event it is learned I have falsified or omitted any part of the application for 180° Juvenile Diversion, including, but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Agreement for Pre-Trial Diversion and I may be removed from 180° Juvenile Diversion.				
I understand that failure to respond to any question will render the application incomplete and 180° Juvenile Diversion will not consider the application.				
I certify that I have personally read or have had read to me the above application and responses thereto and that all information contained in the foregoing application for 180° Juvenile Diversion are true and correct.				
Executed on:				
Executed on: (Date) (Applicant's Signature)				
I authorize the 180° Juvenile Diversion to conduct a background check of my past employment record. I further authorize 180° Juvenile Diversion to contact any medical, psychological, or substance abuse treatment provider and authorize them to release all information regarding my treatment.				
Executed on:				
Executed on: (Date) (Applicant's Signature)				